

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890319

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5	1					
6		1				
7		2				
8		3				
9		4				
10		5				
11	1					
12		1				
13		2				
14		3				
15		4				
16		5				
17	1					
18	1					
19		2				
20		3				
21		4				
22		5				
23	1					
24	1					
25		1				
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.		28				
TOTAL CLAIMS	7	28				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY